

Authority: 1949 PA 300, Sec 257.622 Compliance: Required MBP UD-10E Penalty: \$100 and/or 60 days (Rev 11/2005)		External # 00564310 Crash ID 564310		Page for 2 Incident # 160814RMS 93001	
STATE OF MICHIGAN TRAFFIC CRASH REPORT					
ORI: MI6385100		Department Name AUBURN HILLS POLICE DEPARTMENT			
Crash Date 06/14/2015	Crash Time 19:11	No. of Units 3	Crash Type 5-REAR END	Special Circumstances <input checked="" type="checkbox"/> None <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile
County 93 - OAKLAND	Traffic Control NONE OF THESE	Relation to Roadway ON ROAD	Special Study CLEAR	Area 06-ALL OTHER FREEWAY AREAS	
City/Twp 93 - AUBURN HILLS	Construction Zone (if applicable) Type	Lane Closed	Activity DAYLIGHT	Road Condition DRY	Total Lanes 4
Prefix 175		Road Name FRWY		Suffix Divided Roadway	
Distance 200 FT N		Traffic Way 3-DIVIDED HWY WITH BARRIER		Access Control 2-FULL ACCESS CONTROL	
Prefix LAPEER		Road Type ROAD		Suffix Divided Roadway	
Unit Number 1	Unit Known Y	State Driver License Number MI P600367303990	Date of Birth (Age) 12/28/1985 (29)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation
Sex M	Total Occupants 3	Hazardous Action 16-CARELESS/NEGLIGEN			
Unit Type M	Driver Information JAMES HENRY PERRY 300 CLOVERLY RD GROSSE POINTE FARMS MI 48236-3306 (313) 303-2296			Injury B	Position 01
Driver Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99			Interlock NO	Ejected NO	Trapped NO
Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Ambulance 631034-AUBURN HILLS FIRE DEPARTMENT	
Vehicle Registration BHE4685	State MI	Insurance / Policy # HOME-OWNERS 4941557002	Towed To By GENERAL 2280 AUBURN RD 248-338-3701		Special Vehicles / Private Trailer Type 0
VIN 3LNHM26156R637764	Vehicle Description LINCOLN	Model ZEPHYR	Color GRAY	Year 2006	Vehicle Type 01-PASSENGER CAR
Location of Greatest Damage 1	First Impact 1	Extent of Damage 3	Drivability NO	Vehicle Direction N	Vehicle Use 01-PRIVATE
Sequence of Events (w/Indicates MOST harmful event)		First * 17-MOTOR VEH IN TRANSPORT			
PASSENGERS					
Passenger Information DONNA LYNN MACDONALD 9201 WINTERSET DR MANASSAS VA 20110 (703) 203-1549		Date of Birth (Age) 10/04/1963 (51)	Sex F	Position 07	Restraint 4
Injury O		Airbag Deployed NO	Ejected NO	Trapped NO	Ambulance NONE
Passenger Information RAYMOND J DIAZ PO BOX 2304 RESTON VA 20195 (703) 203-1549		Date of Birth (Age) 03/14/1984 (31)	Sex M	Position 09	Restraint 4
Injury O		Airbag Deployed NO	Ejected NO	Trapped NO	Ambulance NONE
Passenger Information 		Date of Birth (Age)	Sex	Position	Restraint
Injury		Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information 		Date of Birth (Age)	Sex	Position	Restraint
Injury		Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information 		Date of Birth (Age)	Sex	Position	Restraint
Injury		Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information 		Date of Birth (Age)	Sex	Position	Restraint
Injury		Airbag Deployed	Ejected	Trapped	Ambulance
TRUCK/BUS					
Carrier Information		Carrier Source GWR	ICCMC	USDOT	MPSC
Driver's CDL Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z		Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill
Owner Information JAMES HENRY PERRY 300 CLOVERLY RD GROSSE POINTE FARMS MI 48236-3306 (313) 303-2296			Owner Information		
Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:			Damaged Property GUARDRAIL FACE Owner & Phone OAKLAND COUNTY ROAD COMMISSION (268) 646-2000		
			Public YES		

EXHIBIT B - 000001

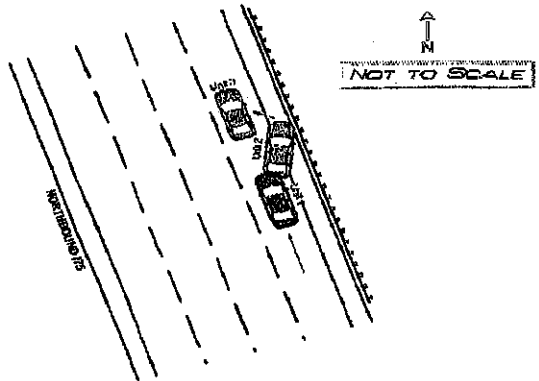
UNIT 1 / DRIVER	Unit Number 2	Unit Known Y	State Driver License Number XX T28143834640323	Date of Birth (Age) 03/23/1984 (34)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex M	Total Occupants 2	Hazardous Action 00-NONE
	Unit Type M	Driver Information JAMES G TESOLIN 6803 6TH CONC N AMHERTSBURG XX 99999 (519) 982-7570			Injury 0	Position 01	Restraint 4	Hospital NONE	
PASSENGERS	Driver Condition 1 2 3 4 5 6 7 8 9 0			Interlock NO	Ejected NO	Trapped NO	Airbag Deployed NO	Ambulance NONE	
	Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine			Test Results			Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not offered Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		
OWNERS	Vehicle Registration 01FS53			Status ON	Insurance / Policy # ALL STATE 058956387	Towed To/By GENERAL 2290 AUBURN RD 248-338-3701			Special Vehicles 0
	VIN 3VWSP69M72M087552			Vehicle Description VOLKSWAGON	Model JETTA	Color SILVER	Year 2002	Vehicle Type 01-PASSENGER CAR	
WITNESS	Location of Greatest Damage 2		First Impact 2	Extent of Damage 3	Drivability NO	Vehicle Direction N	Vehicle Use 01-PRIVATE	Action Prior 04-STOPPED ON ROADWAY	
	Sequence of Events (* Indicates MOST harmful event)		First 04-RAN OFF ROADWAY-RIGHT		Second * 17-MOTOR VEH IN TRANSP		Third 25-GUARDRAIL FACE		Fourth 17-MOTOR VEH IN TRANSP
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance	
OWNERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance	
TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC
	Driver's CDL Type				Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		
OWNERS	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Split	ID #	Class #	
	Owner Information JAMES G TESOLIN 6803 6TH CONC N AMHERTSBURG ON 99999 (519) 982-7570				Owner Information				
WITNESS	Witness Information				Witness Information				
	Age:				Age:				
Investigated at Scene YES		Reported Date (Time) 06/14/2015 (19:11)		1st Investigator Name (Badge) HESSE (341)		2nd Investigator Name (Badge)		Photos By	
Narrative UNITS 1, 2, & 3 WERE TRAVELING NORTHBOUND ON I75 IN THE RIGHT LANE. TRAFFIC WAS HEAVY DUE TO TRAFFIC INGRESS FOR A CONCERT AT THE PALACE. THE DRIVER OF UNIT 2 SAID HE WAS STOPPED ON THE ROADWAY. HE SAID WAS LOOKING INTO HIS REAR VIEW MIRROR & OBSERVED THAT THE DRIVER OF UNIT 1 BEHIND HIM WAS LOOKING DOWN. THE DRIVER OF UNIT 2 SAID UNIT 1 DROVE STRAIGHT AHEAD & APPEARED THAT HE WAS GOING TO STRIKE UNIT 2. IN RESPONSE, THE DRIVER OF UNIT 2 SAID HE ATTEMPTED TO DRIVE OFF OF THE ROADWAY TO THE RIGHT TO AVOID A CRASH. UNIT 2 WAS STRUCK FROM BEHIND BY UNIT 1. UNIT 2 THEN STRUCK THE GUARDRAIL THEN UNIT 3. THE DRIVER OF UNIT 3 SAID HE WAS STOPPED ON THE ROADWAY WHEN HE WAS STRUCK IN THE RIGHT MIDDLE AREA BY UNIT 2. THE DRIVER OF UNIT 1 COULD NOT EXPLAIN WHY HE STRUCK UNIT 2. THE PASSENGERS IN UNIT 1 TOLD ME THAT THE DRIVER WAS IN THE PROCESS OF PLUGGING IN HIS CELL PHONE WHEN THE CRASH OCCURRED. THE DRIVER OF UNIT 1 HAD A RED MARK ON HIS ARM AND WAS EVALUATED BY AHPD. HE WAS CITED FOR DUE CARE & CAUTION					Diagram 				

EXHIBIT B - 000002

Authority: 1949 PA 300, Sec.257.822 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2008)		External # 00564310		Crash ID 564310		Page 2 of 2 Incident # 150816886 93001	
STATE OF MICHIGAN TRAFFIC CRASH REPORT							
ORT: M16385100		Department Name AUBURN HILLS POLICE DEPARTMENT					
Crash Date 06/14/2015		Crash Time 19:11		No. of Units 3		Crash Type S-REAR END	
County 63 - OAKLAND		Traffic Control NONE OF THESE		Relation to Roadway ON ROAD		Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> User <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeing Police	
City/Twp 93 - AUBURN HILLS		Construction Zone (if applicable) Type		Lane Closed		Activity	
Weather CLEAR		Road Condition DRY		Total Lanes 4		Speed Limit 70	
Area 06-ALL OTHER FREEWAY AREAS		Posted YES					
Prefix I75		Road Name I75		Road Type FRWY		Suffix Divided Roadway	
Distance 200 FT N		Traffic Way 3-DIVIDED HWY WITH BARRIER		Access Control 2-FULL ACCESS CONTROL			
Prefix LAPEER		Intersecting Road LAPEER		Road Type ROAD		Suffix Divided Roadway	
Unit Number 3		Unit Known Y		State MI		Driver License Number M243116076544	
Date of Birth (Age) 07/09/1972 (42)		License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Moped <input type="checkbox"/> Recreational		Endorsements <input type="checkbox"/> None <input type="checkbox"/> User <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeing Police		Sex M	
Total Occupants 1		Hazardous Action 00-NONE					
Unit Type M		Driver Information CHRISTOPHER PAUL MCLAUD 15770 DORIS ST LIVONIA MI 48154-6219		Injury 0		Position 01	
Restraint 4		Hospital NONE					
Driver Condition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0		Interlock NO		Ejected NO		Trapped NO	
Airbag Deployed NO		Ambulance NONE					
Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results	
Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other		Citation #					
Vehicle Registration 5HVD55		State MI		Insurance / Policy # PROGRESSIVE 10978081		Towed Tally 0	
VIN 1FADP3K27EL305228		Vehicle Description FORD		Model FOCUS		Color SILVER	
Year 2014		Vehicle Type 01-PASSENGER CAR					
Location of Greatest Damage 5		First Impact 5		Extent of Damage 1		Drivable YES	
Vehicle Direction N		Vehicle Use 01-PRIVATE		Action Prior 04-STOPPED ON ROADWAY			
Sequence of Events First * 17-MOTOR VEH IN TRANSPORT		Second		Third		Fourth	
(* Indicates MOST harmful event)							
Passenger Information		Date of Birth (Age)		Sex		Position	
Injury		Airbag Deployed		Ejected		Trapped	
Ambulance							
Passenger Information		Date of Birth (Age)		Sex		Position	
Injury		Airbag Deployed		Ejected		Trapped	
Ambulance							
Passenger Information		Date of Birth (Age)		Sex		Position	
Injury		Airbag Deployed		Ejected		Trapped	
Ambulance							
Passenger Information		Date of Birth (Age)		Sex		Position	
Injury		Airbag Deployed		Ejected		Trapped	
Ambulance							
Passenger Information		Date of Birth (Age)		Sex		Position	
Injury		Airbag Deployed		Ejected		Trapped	
Ambulance							
Passenger Information		Date of Birth (Age)		Sex		Position	
Injury		Airbag Deployed		Ejected		Trapped	
Ambulance							
Carrier Information		Carrier Source		GVWR		ICCMC	
USDOT		MPSC					
Driver's CDL Type		Endorsements		CDL Exempt		CDL Restrictions	
<input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other		<input type="checkbox"/> 2B <input type="checkbox"/> 2C <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36			
Interstate/Intrastate		Vehicle Type		Type & Axle Per Unit		First Second Third Fourth	
Cargo Body Type		Medical Card		Hazardous Material		ID #	
<input type="checkbox"/> Placed <input type="checkbox"/> Cargo Spill		Class #					
Owner Information CHRISTOPHER PAUL MCLAUD 15770 DORIS ST LIVONIA MI 48154-6219		Owner Information (734) 751-6325					
Person Advised of Damaged Traffic Control		Contact Name:		Contact Date:		Contact Time:	
Damaged Property		Public					
Owner & Phone							

EXHIBIT B - 000003

UNIT DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital			
	Driver Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance			
	Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results				Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other			
	Vehicle Registration				State	Insurance / Policy #	Towed To/By		Special Vehicles	Private Trailer Type	Vehicle Defect	
	VIN		Vehicle Description		Make	Model	Color	Year	Vehicle Type			
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior				
	Sequence of Events (* indicates MOST harmful event)				First		Second		Third		Fourth	
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK/REBUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Driver's CDL Type	Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Pct First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #				
OWNERS	Owner Information				Owner Information							
WITNESS	Witness Information				Witness Information							
	Age:				Age:							
Investigated at Scene YES		Reported Date (Time) 06/14/2015 (19:11)		1st Investigator Name (Badge) HESSE (341)			2nd Investigator Name (Badge)			Photos By		
Narrative					Diagram							
					<p>CRASH</p> <p>DIAGRAM</p> <p>DISPLAYED</p> <p>HERE</p>							

EXHIBIT B - 000004